

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045126

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

316

Primary Registration District No.

3059

Registrar's No.

475

NOV 27 1963

## 1. PLACE OF DEATH

a. COUNTY

ST. FRANCIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

BONNETT TOWN

Length of stay in 1b

1 WK.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

BONNETT TERRE HOSP.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

ST. FRANCIS

c. CITY  
OR  
TOWN

FLAT RIVER

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

BETTYE

Middle

M.

Last

WALSH

4. DATE  
OF  
DEATH

Month

NOV.

Day

12

Year

1963

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

11/17/1893

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

KNOBLICK, MO.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

JAMES MCFARLAND

## 13b. MOTHER'S MAIDEN NAME

ELIZABETH BLANKSHIP

## 14. NAME OF HUSBAND OR WIFE

GROVER WALSH

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

John Walsh

## Address

Flat River, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Nephrosclerosis

Hypertensive Cardiovascular Dis.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

NOV 10, 1963, to

NOV 12, 1963

and last saw her alive on

NOV 12, 1963

## Death occurred at

9:30 PM

## on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

R. G. Luckstep

## 22b. ADDRESS

Farmville, Mo.

## 22c. DATE SIGNED

11/17/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

NOV. 17, 1963

## 23c. NAME OF CEMETERY

ODD FELLOWS

## 23d. LOCATION (City, town, or county)

BISMARCK, MO.

## 24. FUNERAL DIRECTOR

Caldwell and Sons

## 25. DATE RECD. BY LOCAL REG.

Nov. 17, 1963

## 26. REGISTRAR'S SIGNATURE

Catherine Rudloff

## 27. BY AFFIDAVIT OF

Caldwell and Sons

## 28. ADDRESS

Flat River, Mo.

## 29. DATE RECD. BY LOCAL REG.

Nov. 17, 1963

## 30. REGISTRAR'S SIGNATURE

Catherine Rudloff

## 31. DATE RECD. BY LOCAL REG.

Nov. 17, 1963

## 32. REGISTRAR'S SIGNATURE

Catherine Rudloff

## 33. DATE RECD. BY LOCAL REG.

Nov. 17, 1963

## 34. REGISTRAR'S SIGNATURE

Catherine Rudloff

## 35. DATE RECD. BY LOCAL REG.

Nov. 17, 1963

Catherine Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

0941

0942

3

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9442X

10

11

1-0

1-0

DEC 4 1963

1120  
62420

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4

0-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.